

**WORKFORCE INNOVATION AND OPPORTUNITY ACT
ETP QUARTERLY REPORTING EXEMPTION CLAIM FORM**

CONTACT INFORMATION

Institution Name: _____
Mailing Address: _____
Phone No: _____
Contact Person: _____
Email Address: _____

EXEMPTION CLAIM CATEGORY

Specify which category of exemption your institution seeks to claim for the WIOA quarterly reporting obligation.

Exemption 1: We are a New WIOA Provider –

Date Approved _____

☐ The Local Workforce Development Board approved our initial WIOA application during the reporting quarter, and we did not receive a WIOA student during that period.

Exemption 2: We Have Yet to Receive a WIOA Student

☐ Our institution has **NEVER** received a WIOA Student

Exemption 3: Dormant Training Provider

☐ Our institution has received WIOA funding in the past, but we have not received a new WIOA student and we currently do not have any enrolled WIOA students.

SIGNATURE

By signing and submitting this form (electronically or via the mail) you are acknowledging that all of the information presented is accurate and not fraudulently reported.

Electronic Signature (for Electronic submissions) ☐ Yes ☐ No Date: _____

If submitting this form by mail, then a signature is required below.

x _____ Date: _____

VERIFICATION

This form should be submitted to the State of Tennessee for your quarterly performance reports until none of the categories exemption above reflects your institution. If a provider intentionally submits a false exemption claim, the institution will be removed from the Eligible Training Provider List for a period of 4 consecutive quarters.